## REQUEST FOR RE-EXAMINATION DETENTION OFFICER CERTIFICATION COURSE

web version

TO:			
FROM:			
Name (PRINT)	Soci	Social Security Number	
Street Number StreetName	City/State	Zip Code	
Employing/Sponsoring Agency	Agenc	Agency Phone Number	
SUBJECT: Re-Examination Request			
I, the undersigned, hereby officially request the Director of the Sheriffs for the Detention Officer Certification Course as soon as possible. I f within 90 days from the date of the original examination; and that if attempt, I shall not be recommended for successful course completion a training course in its entirety prior to the expiration of my probationary	fully understand that this re- I do not achieve a minimum and must enroll and attend a s	examination must occur a of 70% on this second subsequent deliver of the	
Trainee's Signature	Date		
As the School Director, I do hereby recommend the above named indivi- Certification Course. He/She has successfully completed all course wor			
School Director's Signature	Date		
Accredited Institution	n		
As the representative of the North Carolina Sheriffs' Commission, I hav the trainee listed above.	e fully explained the reexam	ination procedures to	
Commission Representative		Date	